



2007 Disability Income Exemption
15-30-111(6), MCA

Your first name and initial	Last name	Your social security number
Spouse's first name and initial	Last name	Social security number

Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
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Complete lines 1 through 3 for retirement disability benefits that you received for a full week.

1. Multiply the amount of the retirement disability benefits that you received per week by the number of weeks you received these benefits and enter the result here ... 1.	0005	0050
2. Multiply \$100 by the number of weeks you received retirement disability benefits and enter the result here, but not more than \$5,200 2.	0010	0055
3. Enter the smaller of line 1 or line 2 here 3.	0015	0060

Complete lines 4 through 5 for retirement disability benefits that you received for a portion of a week.

4. Enter the amount of the retirement disability benefits that you received for a portion of a week. 4.	0020	0065
5. Multiply \$20 by the number of work days you received retirement disability benefits and enter the result here 5.	0025	0070
6. Enter the smaller of line 4 or line 5 here 6.	0030	0075
7. Add line 3 to line 6 and enter the result here 7.	0035	0080
8. Add the amounts on line 7, columns A and B and enter the result here 8.		0040
9. Enter your Montana adjusted gross income, before your disability income exclusion, from Form 2, line 40 9.	0045	0085
10. Add the amounts on line 9, columns A and B and enter the result here 10.		0090
11. Entered here is your income limitation amount 11.		\$15,000 0095
12. Subtract line 11 from line 10 and enter the result here, but not less than zero 12.		0100
13. Subtract line 12 from line 8 and enter the result here, but not less than zero. This is your partial retirement disability income exemption. Enter this amount on Form 2, Schedule II, line 13.... 13.		0105

General Instructions

How can I determine if I am eligible for the retirement disability income exemption?

You are eligible to take this exemption if you:

- are a Montana resident,
- are under the age of 65,
- are permanently and totally disabled, and
- have not chosen to treat this retirement disability income as a pension or annuity.

"Permanently and Totally Disabled" means that you are unable to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment lasting or expected to last at least 12 months.

What income qualifies for the retirement disability income exemption?

The only income used to determine your exemption is income reportable on federal form 1099R with a distribution code 3.

How do I determine my adjusted gross income?

The adjusted gross income that you report on line 9 above is your own Montana adjusted gross income. If you are married and filing separately with your spouse, you will have to combine both your spouse's and your Montana adjusted gross incomes to determine the amount of your retirement disability income exemption.

What information do I need to provide to show proof of my disability?

The department may ask for proof issued by a governmental unit (such as the Social Security Administration) that certifies that you are permanently and totally disabled. If this is not available, we may require other verification that can prove your disability.

When claiming this deduction, complete Form DS-1 and attach it to your individual income tax return.

Questions? Please call us at (406) 444-6900 or TDD (406) 444-2830 for the hearing impaired.